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OR Practitioner(s) named below (If more than ten patent p	ractitioners ar	e to be	named, then a	customer num	ber must be use	ad):
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the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

Signature

Name

THIA

SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee 12010 Telephone 336- 436 - 5096 F. Samuel Eberts III Secretary of Monogram Biosciences, Inc.

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